

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>10796</i>	<i>7/22/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>10794</i>	<i>7/27/99</i>
FORMALITY REVIEW			<i>8-5-99</i>

**Best Available Copy**  
INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	8/6/03	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	0	11/28/04	
9	0	11/28/04	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	0	11/28/04	
16	0	11/28/04	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	0	11/28/04	
26	0	11/28/04	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
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If more than 150 claims or 10 actions  
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